CLAIMS ONLY

Application Number	Filing Date

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT										
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend	Indep	Depend		
1			1				51								
2		4		1			52								
3				1			53								
4				1			54								
5				1			55								
6		8		1			56								
7				1			57								
8				1			58								
9	1			1			59								
10							60								
11							61								
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42							92								
43							93								
44							94								
45							95								
46							96								
47							97								
48							98								
49							99								
50							100								
Total Indep			2				Total Indep								
Total Depend			7				Total Depend								
Total Claims			9				Total Claims								